

# Secretary of the Senate

## AUDIO/VIDEO TAPE DUPLICATION REQUEST

### INSTRUCTIONS FOR COMPLETING THIS FORM:

1. Complete Sections 1 and 2.
2. If ordering a Session Tape send this form and your payment via page to: Carol Viventi, Secretary of the Senate, S-5 Capitol Bldg for approval. Checks should be made payable to **"Michigan Senate."** If paying by cash, be sure to seal the cash in an envelope and put your name and office on the envelope. **PLEASE DO NOT SEND ID MAIL!**
3. If ordering a Committee Tape send this form, tape(s) to be duplicated and your payment via page to: General Services, Basement of the Farnum Bldg. Checks should be made payable to **"Michigan Senate."**
4. If ordering Video tapes contact Senate TV Services at 3-5229.

#### SECTION 1. Requester and Tape Information

Senate Office _____	Phone _____
Contact Person _____	
Requester's Name _____	Name of Firm _____
Requester's Mailing Address _____	
Date of Request _____	
Committee Meeting _____	Session _____
Date _____	Date _____
Committee _____	Bill No. _____
Bill No. _____	
Audio Tapes to be Picked Up at General Services	Tapes to be Mailed to Requester by
Video Tapes to be Picked Up at Senate TV	General Services

#### SPECIAL INSTRUCTIONS:

#### SECTION 2. Payment Information

No. of Audio Tapes _____ @ \$5.00 per tape	
No. of Video Tapes _____ @ \$10.00 per tape	Amount Enclosed \$ _____
<b>Secretary of Senate's Approval:</b> _____	<b>Date:</b> _____
(Needed For Session Tapes Only)	

**Reset Form**

FOR SOS OFFICIAL USE ONLY: Do not write in this section

Received by: _____	Date: _____
Amount Received \$ _____	Check _____ Cash _____
Date \$ Sent to Finance _____	Date Sent for Duplication _____
Date Tape Completed _____	Date Tape Delivered/Mailed _____